

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40229

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 4164		Registrar's No. 125	
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Altamont		c. LENGTH OF STAY (In this place) 60 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Altamont		0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Bert		c. (Last) Calhoun		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 10 1860	
9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) Trumbull Co. Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Furniture & Undertaking		11. BIRTHPLACE (State or foreign country) Trumbull Co. Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Calhoun		13b. MOTHER'S MAIDEN NAME Adelthea Williams		14. NAME OF HUSBAND OR WIFE Addie Calhoun			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn Calhoun, Altamont, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 weeks ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. sanity 331X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 15, 1950, to Dec 1, 1950, that I last saw the deceased alive on Dec 1st, 1950, and that death occurred at 3:15 P.m., from the causes and on the date stated above.							
23a. SIGNATURE Fred Wilson MD (Degree or title)				23b. ADDRESS Winston MO		23c. DATE SIGNED Dec 3-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-1950		24c. NAME OF CEMETERY OR CREMATORY Winston Cemetery		24d. LOCATION (City, town, or county) (State) Winston, Missouri	
DATE REC'D BY LOCAL REG. 29 Dec. 1950		REGISTRAR'S SIGNATURE Virginia M. Engelbert		25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3302

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.